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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/583,856 Filing Date 09/25/2007			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY □ OR SMALL ENTITY					
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	300	
×	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	400	
\boxtimes	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A	200	
	TAL CLAIMS CFR 1.16(i))		24 minus 20 =		· 4			x \$ =		OR	X \$50 =	200	
	EPENDENT CLAIN CFR 1.16(h))	IS	6 minus 3 =		• 3			x \$ =		1	X \$200 =	600	
						n size fee due for each n thereof. See						750	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	the difference in col	umn 1 is less than	r "0" in c		TOTAL	<u> </u>	J	TOTAL	2450				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	*	Minus	**				x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	•	Minus	•••		=		x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))									_			
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
TOTAL TOTAL ADD'L PEE FEE FEE													
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	:				x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									1			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR	l		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This collection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.